

## Durable Medical Equipment Ownership, Operation, and Maintenance Agreement

Directions: vendor and beneficiary/legal guardian must sign this sheet at the time of service delivery for the following non-rental devices: Standers, electric hospital beds, rehab shower and/or commode chairs, mechanical lifts. For AAC/SGD devices, the form should be signed by the vendor during the prescription/authorization/delivery process and provided to the beneficiary for signature during that process. For wheelchairs continue to use the Wheelchair Addendum form. The vendor must keep this form on file and provide a copy to the beneficiary for their records. If Medicaid is providing primary coverage for the device, a Medicaid sticker must be affixed to the device upon delivery of the equipment. Do not apply a sticker or sign this form if the device will be covered by a primary insurance.

Your checkmark or initials and signature at the bottom of the form indicates agreement with each statement.

### Vendor Acknowledgement (Please check each statement):

- \_\_\_\_\_ I have researched, and have not found, any less costly devices that would be appropriate to the beneficiary's medical needs at this time. Any components from the individual's current equipment that can be utilized will be placed on the new device.
- \_\_\_\_\_ I have instructed the beneficiary/caregivers on the safe use of the device.
- \_\_\_\_\_ I have explained to the beneficiary that, should the device no longer fit or no longer be needed, it is the property of Medicaid and should be returned to Medicaid; please call the number on the sticker placed on the equipment today by the vendor.
- \_\_\_\_\_ I have explained to the beneficiary that the expectation is that this device will last for at least \_\_\_\_\_ years, and should be treated so that it will last for this amount of time. If there is a change in the beneficiary's condition, consideration may be given to replacing the device.
- \_\_\_\_\_ I have explained to the beneficiary that, should any defects in the device develop, the beneficiary should report defects to the vendor.

### Beneficiary/Legal Guardian Acknowledgement (please check each statement):

- \_\_\_\_\_ I accept the specific device and/or components that have been requested on my behalf by the prescribing medical professional.
- \_\_\_\_\_ I have had an opportunity to try the device or a simulation so that I know it will work for me and fit properly in my home.
- \_\_\_\_\_ I understand how to properly care for and maintain the device so that it can last for the number of years indicated above.
- \_\_\_\_\_ I understand how to properly operate the device.
- \_\_\_\_\_ To return the device, I understand that I should call the number on the sticker that has been placed on the device today.

\_\_\_\_\_  
Vendor's signature

\_\_\_\_\_  
Beneficiary/legal guardian signature

Date: \_\_\_\_\_